



WESTERN NEVADA COLLEGE

9a Yf]h Add`]WU]cb : cfa

**BGHFI CHCBG:** Please fill out the form and submit to Human Resources no later than April 15th to be considered for Emeritus status. Applications received after April 15th will be considered during the next academic year.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Years of service at time of retirement: \_\_\_\_\_ Years of full-time service: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

**D`YUgY XYgW]VY yci f X]gh]b[ i ]g\ YX gYf j ]W UhWBC z:f Wtbg]XYfU]cb.** (This may include, and is not limited to: outstanding performance and recognition, continued professional growth at WNC, service to WNC and the community it serves, any other activities or awards, other items you think may help the Emeritus Committee make their recommendation.)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>&lt;F I G9 CBL Y</b>	
Date received in HR: _____	
Eligible: _____ Yes _____ No	
HR Signature: _____	Date: _____